

PART B - FEE(S) TRANSMITTAL

DEC 09 2004

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address.)

27128 7590 10/15/2004

BLACKWELL SANDERS PEPER MARTIN LLP
720 OLIVE STREET
SUITE 2400
ST. LOUIS, MO 63101

12/10/2004 WAFSAW2 00000100 110160 09723400

01 FC:1501 1400.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Beth Hookway (Depositor's NAME)
Beth Hookway (Signature)
12-9-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/23/2000	11/27/2000	Nell A. Winegardner	2400000-1	6264

TITLE OF INVENTION: DEVICES AND METHODS FOR PRODUCING MICROARRAYS OF BIOLOGICAL SAMPLES

Adjustment Date: 09/01/2005 SDIRETA1

12/10/2004 WAFSAW2 00000100 110160 09723400

01 FC:1501 1400.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/23/2000	11/27/2000	Nell A. Winegardner	2400000-1	6264

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAGPAUL, JYOTI	1743	422-100009

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Blackwell Sanders
Peper Martin LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLRABE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University Health Network

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Toronto, Ontario Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0160 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Robert J. Lewis

Date 12/9/04

Typed or printed name Robert J. Lewis

Registration No. 27,210

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 09/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 1/1 * RCVD AT 12/9/2004 4:25:06 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-20 * DRUS:7464000 * CSID:314 3456060 * DURATION (mm:ss):01:18

09/01/2005 SDIRETA2 00000001 110160 09723400

01 FC:2501 700.00 DA

BLACKWELL SANDERS PEPPER MARTIN

720 OLIVE STREET SUITE 2400 ST. LOUIS, MO 63101
TEL: (314) 345-6000 FAX: (314) 345-6060
WEBSITE: www.blackwellsanders.com

FACSIMILE COVER SHEET

DATE: MAY 19, 2005 **TIME:**
RECIPIENT **FAX NUMBER** **COMPANY/FIRM NAME** **PHONE NUMBER**
Latrice Simms 703-308-5077 USPTO - Refunds Department 703-305-4229

FROM: Robert J. Lewis
DIRECT DIAL: 314-345-6443 **DIRECT FAX:** 314-345-6060
OPERATOR: Karen Dodson **EXT. NO.:**
BILLING CODE: 718188.1 **TOTAL # OF PAGES:** 1

MESSAGE: Application No: 09/723,400
Filing Date: November 27, 2000
First Named Inventor: Winegarden, Neil
For: DEVICES AND METHODS FOR PRODUCING MICROARRAYS OF BIOLOGICAL SAMPLES

Applicant hereby requests a refund in the amount of \$685.00 to deposit account 11-0160 in the matter of application 09/723,400 filed on November 27, 2000. A review of the fee transmittals previously filed in this application indicate that Applicant is entitled to small entity status as well as the previous request for a refund filed on June 16, 2003. Applicant inadvertently submitted the Issue Fee form authorizing the payment be deducted from the deposit account without correcting the fee amounts on the form. Please refund deposit account 11-0160 in the amount of \$685.00 to reflect payment of the issue fee as a small entity.. Please do not hesitate to contact our office if any additional information is required.

Robert J. Lewis, Reg. No. 27,210
Blackwell Sanders Peper Martin LLP
Attorney for Applicant

PRIVILEGED AND CONFIDENTIAL information intended only for the use of the addressee(s) named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient(s), please note that any dissemination, distribution or copying of this communication is strictly prohibited. Anyone who receives this communication in error should notify us immediately by telephone and return the original message to us at the above address via the U.S. Mail.

STLD01-1167003-1

KANSAS CITY, MISSOURI • ST. LOUIS, MISSOURI • OVERLAND PARK, KANSAS • OMAHA, NEBRASKA
SPRINGFIELD, MISSOURI • EDWARDSVILLE, ILLINOIS • WASHINGTON, D.C. • LONDON, UNITED KINGDOM
AFFILIATES: LEEDS • MANCHESTER • MEXICO CITY • MONTREAL • TORONTO • VANCOUVER